

LNCT Network-Wide Survey, July-August 2021

Results

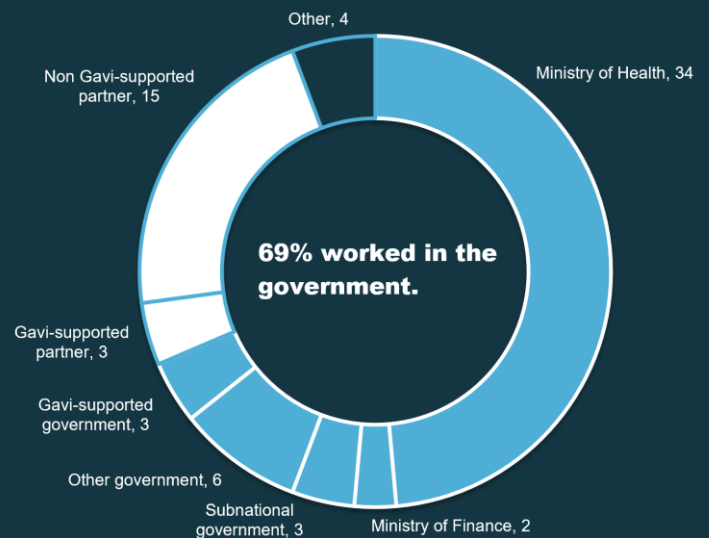
LNCT's first annual network-wide survey was administered to country-based network members between July 6 and August 18, 2021. The objectives of the survey were to understand how members saw LNCT as contributing to improved performance and sustainability of their immunization programs, to capture member learning priorities for the upcoming year, and to determine members' preferred modalities for engaging with the network generally, and during the COVID-19 pandemic specifically. The survey consisted of 24 questions in multiple-choice, Likert scale, and open-ended formats.¹ This brief summarizes the results and provides recommendations for how the network can build on its strengths, continuously improve, and be most responsive to LNCT members during the ongoing COVID-19 pandemic and beyond.

70 country-based LNCT members responded to the survey...

They represented 16 of 17 LNCT countries.



The overall response rate was 28%.



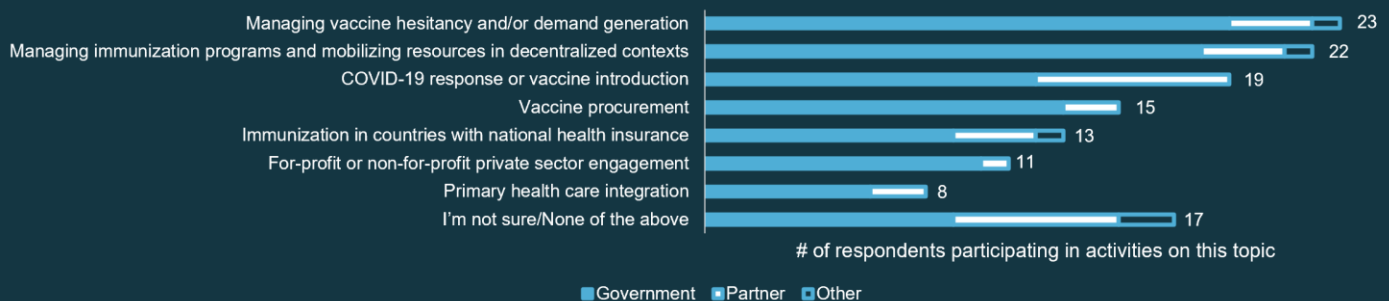
¹ An optional module on immunization financing during the COVID-19 pandemic was also included. These results are summarized in a separate brief.

70 country-based LNCT members responded to the survey...

74% reported prior engagement with LNCT activities.



Participants had most commonly engaged with LNCT on the topics of vaccine hesitancy, decentralization, or COVID-19 response.



Respondents

LNCT distributed the survey to 147 government officials and 100 non-government individuals (partners, NITAG members, or others) based in its 17 member countries. Individuals were invited to complete the survey if they had ever engaged with LNCT through activities such as country core group (CCG) calls, webinars, workshops, or learning modules and LNCT had not been informed that they had left their positions. Forty-eight government officials (33%) and 22 individuals identifying themselves as members of partner organizations or “other” (22%) responded, for an **overall response rate of 28% (N=247)**, which was similar to the 30% target rate established for surveys conducted by the analogous Joint Learning Network. The survey received a response from **all but one member country (Kenya)**. **Government officials represented 69%** of responses. Partner respondents included representatives of the Bill & Melinda Gates Foundation, Clinton Health Access Initiative, John Snow, Inc, UNICEF, and WHO. “Other” respondents included NITAG members, consultants, and members of COVID-19 technical expert committees.

Seventy-four percent of respondents reported that they had engaged in LNCT activities in the last three years as a participant in a LNCT event (60%), a member of their LNCT CCG (23%), a contributor to a LNCT learning product or resource (10%), a LNCT steering committee member (10%) and / or a panelist / presenter / facilitator at a LNCT event (10%, n=70). Respondents reported they had engaged with LNCT on the topics of vaccine hesitancy / demand generation (33%), decentralization (31%), COVID-19 response or vaccine introduction (27%), which were the topics on which LNCT had held the highest number of engagements in 2020-2021. Respondents had less commonly engaged on vaccine procurement (21%),

immunization and national health insurance (19%), private sector engagement (16%), and primary health care integration (11%, n=70), which were less frequently topics of LNCT engagements in 2021, though were more frequently the topics of LNCT engagements prior to 2020 (see Annex 1). Respondents who reported they had not engaged in LNCT activities in the last three years may have included inactive CCG members, individuals who did not consider webinars to be “activities”, individuals who would have classified their engagement under a different topic, or individuals who had brief past contact with LNCT that they did not recall. Of the 18 people who said they had not engaged in LNCT activities, 8 (44%) identified at least one topic on which they had engaged with LNCT, and 10 (56%) went on to answer additional survey questions.

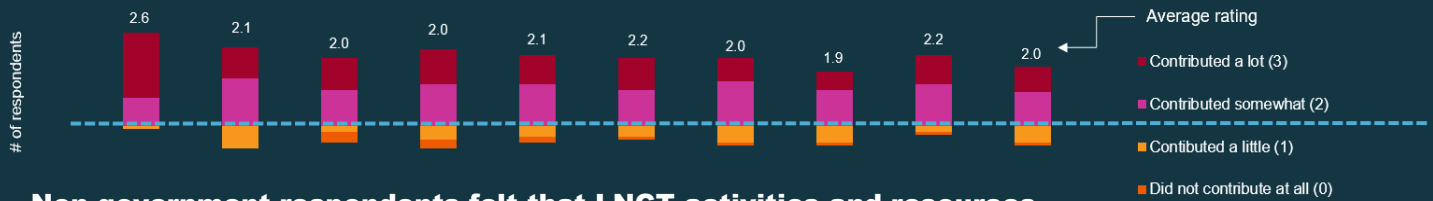
Perceived utility of LNCT activities and resources

Almost all respondents reported that each type of LNCT activity and resource contributed to their knowledge and skills. When asked to rate each type of activity on a scale from 0 (“did not contribute at all to my knowledge and skills on Gavi transition / immunization”) to 3 (“contributed a lot to my knowledge and skills on Gavi transition / immunization”), **government officials ranked LNCT activities slightly higher on average (2.1, n=39) than did partners and others (2.0, n=16).** Government officials ranked in-person workshops (2.6) the highest and did not strongly differentiate between other resources and activities. Though they ranked LNCT blogs the lowest by a small margin at 1.9, this still represented an average rating of “contributed some to my knowledge and skills.” Partners and others ranked webinars (2.5) the highest and the online e-course on vaccine hesitancy (1.3), the website discussion forum (1.7), and the LNCT newsletter (1.8) the lowest.

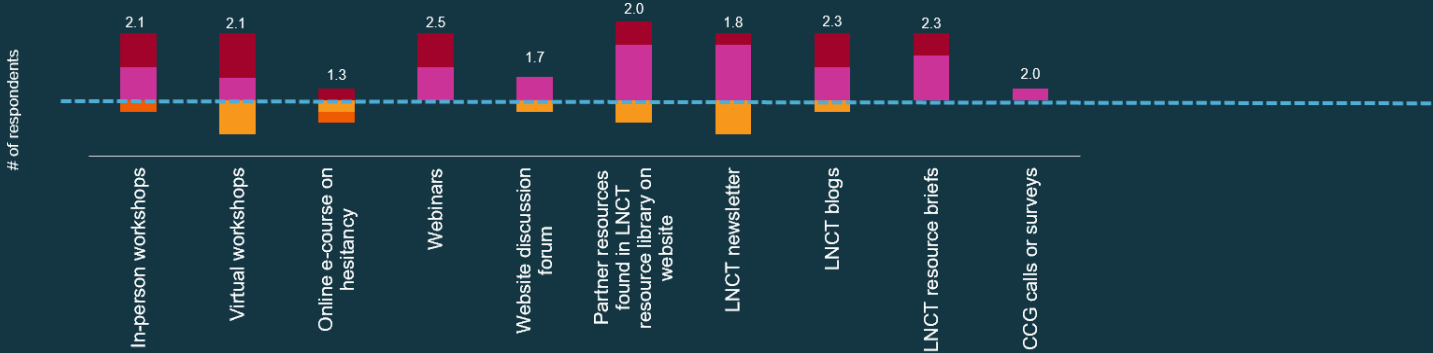
When asked to select the three most useful parts of LNCT engagements, respondents most often chose **“learning about the experiences of other countries” (80%) and “learning from technical experts” (47%), and least often chose action plan development (5%, n=55).** Partners were the only respondents who identified action plan development as one of the most useful aspects (25% of partners, n=16), while only government officials selected informal discussion with other countries (13% of government officials, n=39).

When asked to rate LNCT’s support in each of its technical focus areas on a scale from “did not address my needs for support” (0) to “fully addressed my needs for support” (3), government officials again ranked LNCT’s performance higher on average (2.1, n=39) than did partner and other respondents (1.7, n=13). Government respondents felt that vaccine procurement (2.3) was the best-addressed topic, closely followed by decentralization (2.2), which were the two learning topics in highest demand by LNCT members according to a vote at LNCT’s 2019 Network-Wide Meeting (see Annex 2). They felt that immunization and national health insurance (1.9) was the least (LNCT’s last workshop on this topic was in 2019). Partners and others felt that vaccine hesitancy (2.1) was the best-addressed topic, and private sector engagement (1.4) and immunization and national health insurance (1.4) the least. Partners’ perceptions of the vaccine hesitancy workstream likely reflect the large number of activities LNCT held on this topic in 2020-2021 due to heightened demand during the COVID-19 pandemic.

Government officials felt that LNCT's in-person workshops were the activities and resources that contributed the most to their knowledge and skills (n=39).



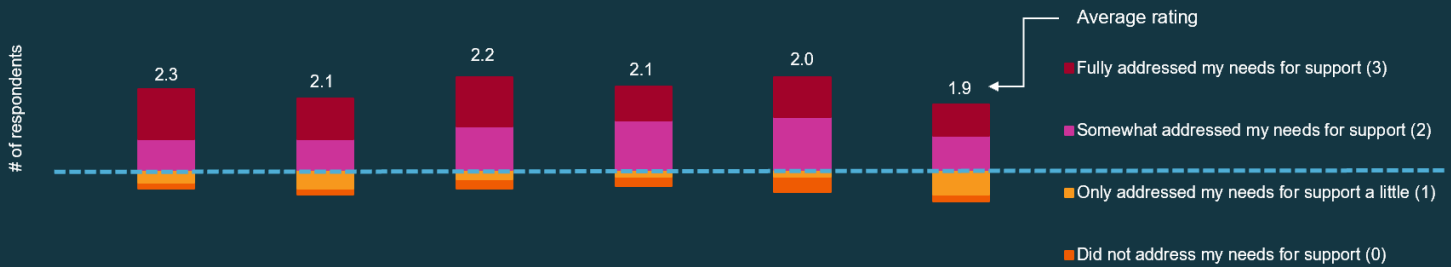
Non-government respondents felt that LNCT activities and resources contributed slightly less to their knowledge and skills, and that webinars, resource briefs, and blogs were the most useful (n=16).



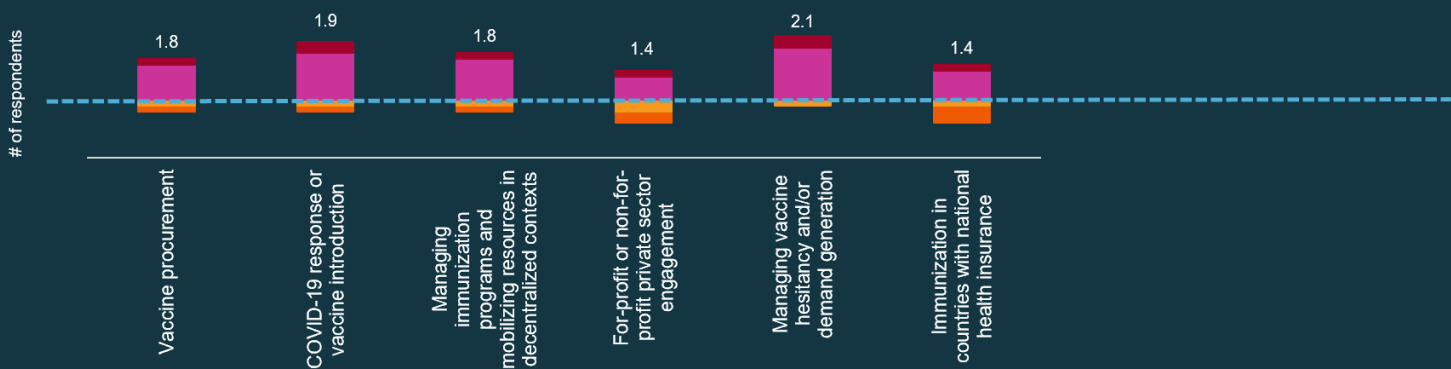
Respondents overwhelmingly ranked learning about other countries' experiences as the most useful aspect of LNCT engagements, followed by learning from technical experts (n=55).



Government officials largely felt that LNCT activities and resources at least "somewhat" addressed their need for support in each of LNCT's focus areas, with vaccine procurement rated as the best-addressed topic (n=37).



Non-government respondents felt that LNCT's activities and resources addressed their need for support in each of LNCT's focus areas slightly less, with vaccine hesitancy rated as the best addressed topic (n=13).



Participants reported that the aspects of their work most positively affected by their participation in LNCT were their access to knowledge resources, followed by their technical capacity (n=55).



When asked to select the top three ways their engagement in LNCT had impacted their work, respondents agreed that LNCT had improved their access to knowledge, tools and expertise (47%); technical capacity (42%); ability to learn from the experiences of their peers (40%); and ability to collaborate with other stakeholders in their country (35%, n=55). **All government officials (n=39) identified at least one way in which LNCT had positively affected an aspect of their work, as did 81% of non-government officials (n=16).**

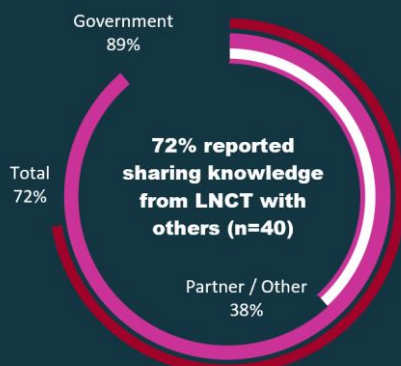
Translating knowledge into action

Eighty-nine percent of government officials (n=27) and 38% of partners or others (n=13) reported that they had shared knowledge they gained through LNCT with others, for a total of 72% of respondents (n=40). Respondents stated they had shared information and resources about Gavi transition experiences, domestic resource mobilization and financial management, and LNCT technical focus areas, particularly vaccine hesitancy. Respondents had shared these resources through formal platforms, such as a task force or working group, during trainings, or formally and informally with supervisors and colleagues with whom they worked closely.

Respondents gave a wide variety of open-ended responses to how they had applied LNCT learnings to their work. Key themes included **addressing crises through just-in-time support**, advocacy and **domestic resource mobilization, process improvement, capacity development** through the coaching or mentoring of others, and strengthening activities to **reach the unreached**. In a multiple-choice question, **96% of government officials (n=27) and 54% of non-government officials (n=13) identified some way in which they had applied LNCT learnings to their work.** Sixty-three percent of government officials stated that they had used LNCT learnings to advocate for increased funding for immunization (possibly through adaptation of LNCT's investment case materials), and 56% stated that they used them to work with colleagues from other departments to improve processes or policies, while 31% of partners and others reported they used them to implement a new approach to a challenge faced by their program.

Ninety-two percent of government officials (n=24) reported that LNCT had facilitated their engagement with partner organizations, primarily by making them aware of partner resources (72%) or by introducing them to a partner who provided technical expertise (56%). A significant portion also reported that LNCT introduced them to a partner who went on to provide financial support or collaborate on a new activity (28%). Seventy-three percent of partners and others reported that LNCT had facilitated improved engagement with a country government (n=11). Partners and others most commonly stated that LNCT had facilitated an introduction that led to further activities (64%) or strengthened their overall coordination with the government (45%).

On average, 76% of respondents reported having at least partially implemented the action plans coming out of LNCT workshops (n=40). The action plans from LNCT's regional procurement workshops and 2019 Network-Wide Meeting were most likely to have been at least partially implemented (82%). Though only 69% of action plans from LNCT's immunization and national health insurance workshop and decentralization workshop (LNCT's most recent workshop, taking place virtually about two and a half months before the survey) were reported to be at least partially implemented, these numbers still represented a majority.



I shared knowledge with...

Formal platforms

- “our expanded platforms [for vaccine financing and hesitancy]”
- “technical working groups either within the ministries of health or finance and budget office of the federation”

Trainings

- “meetings, training with technical staff”
- “a training on IPC for healthworkers”

Supervisors

- “my district manager” / “my direct supervisor”

Close colleagues

- “monthly meetings with colleagues”
- “[my] agency”
- “National Expanded Programme on Immunization”
- “management and employees (webinars, official letters, meetings)”

I shared knowledge on...

Gavi transition experiences

- “Nigeria’s transition lessons learned”
- “The experience of successful transition [in] Georgia”
- “Gavi strategies, peer learning from other countries, resources”

Domestic resource mobilization

- “General principles for resource mobilization”
- “CVIC”

LNCT’s technical focus areas

- “The issue of vaccine hesitancy, the role of the media in achieving successful vaccination”
- “Vaccine hesitancy and procurement mechanisms, as well as private sector involvement”
- “Vaccine hesitancy, targeting ethnic groups”
- “EPI strategies and planning for COVID response”
- “Participation of the health sector in the national devolution policy”
- “Decentralization, private sector involvement, and integration of EPI into NHS”
- “The involvement of health insurance funds in the management of vaccination”

I applied LNCT learning to...

Address crises through just-in-time support

- “improve EPI guidelines for vaccination in time for COVID-19”
- “address burning issues of staff hesitancy”

Mobilize domestic resources

- “assess resources and implement important events”
- “language elements in advocacy before financiers”
- “advocating for resources from within country”
- “simplify the advocacy process for the further development and sustainability of the immunization program”
- “promote policy changes that drive efficiency in resource allocation and strict adherence to the ideals of the transition process”
- “as a result, immunization program has no financial deficit”

Improve the efficiency/effectiveness of processes

- “started a study for management of vaccines”
- “support my department in the form of purchasing vaccines”

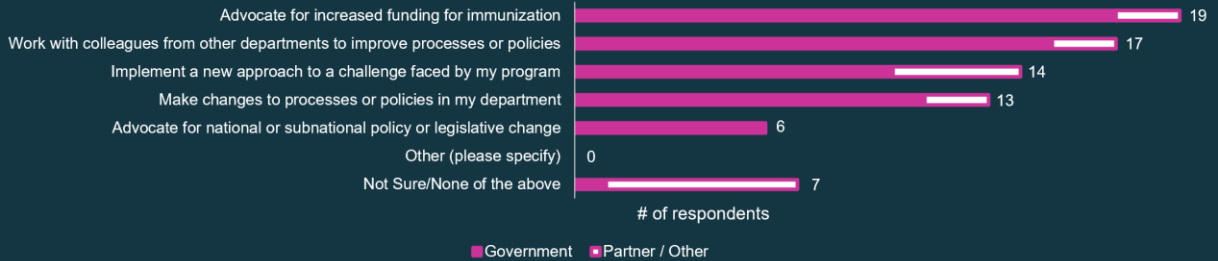
Develop the capacity of others

- “address rumors and misinformation... through capacity building workshops for health workers and C4D activities to increase immunization coverage”
- “do more coaching and mentoring to colleagues and other professionals to see changes in their places of work”
- “provide consultancy or even mentoring to provincial / district EPIs”

Reach the unreached

- “use updated Gavi strategies to develop a roadmap for new vaccine introductions, and to inform new approaches of immunization service”
- “tailor comms materials to specific segments of the population in improve equity”
- “[use] evidence in technical discussions to make recommendations”

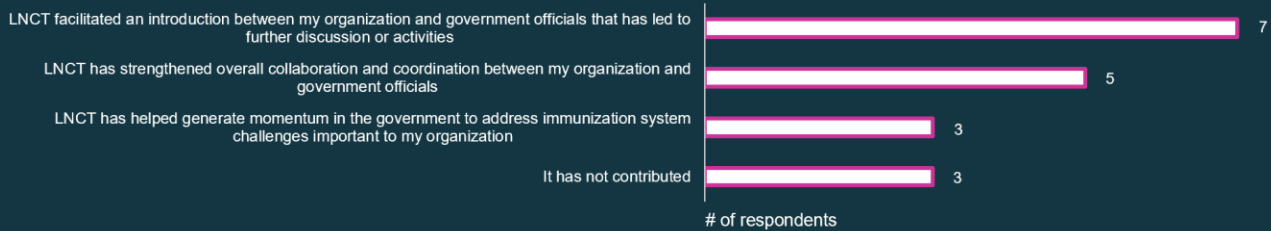
Respondents reported they had used LNCT learnings in their work, most commonly to advocate for funding or better work with colleagues in other departments (n=40).



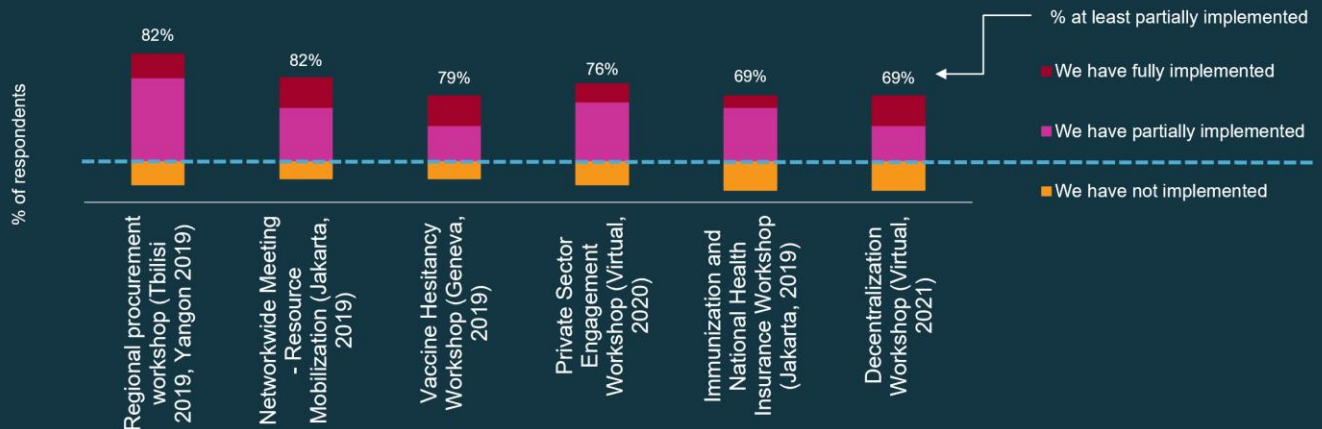
Almost all government respondents reported that LNCT had facilitated their engagement with partner organizations, primarily by making them aware of partner resources (n=25).



Most partner respondents reported that LNCT had facilitated their engagement with the government, most commonly by facilitating introductions to government officials (n=11).



Participants were most likely to report they had implemented their action plan from LNCT's regional procurement workshops or 2019 Network-wide Meeting (n=40).



LNCT's impact

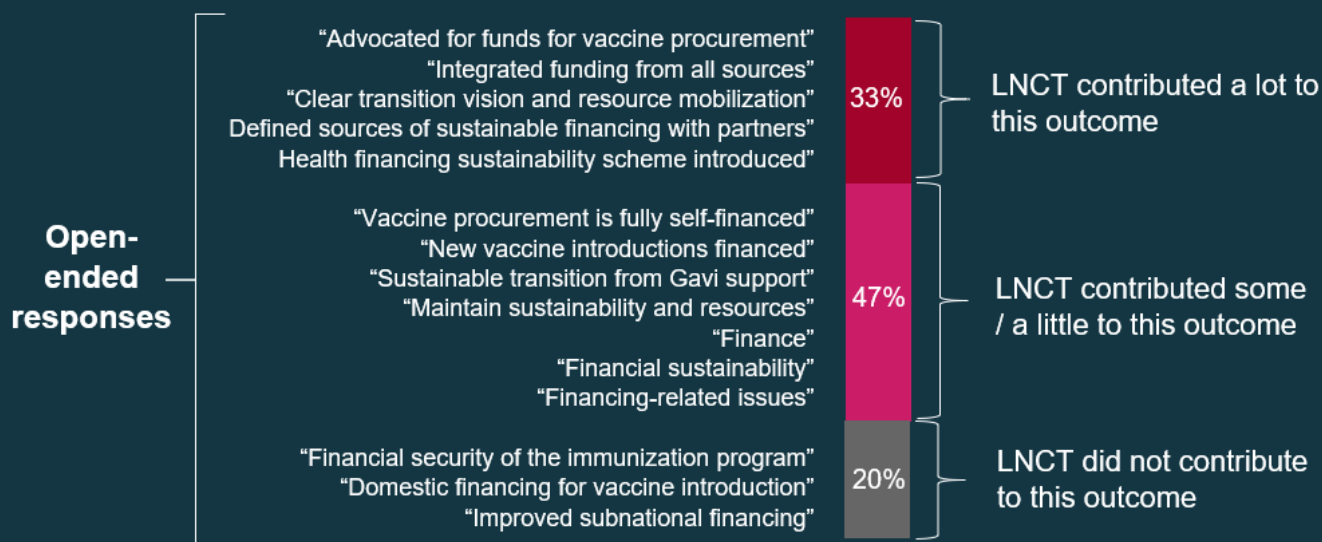
Eighty-eight percent of respondents felt that their country had progressed toward sustainable Gavi transition and / or a more sustainable immunization program in the last three years (n=40). Only 5% felt that their country had fallen farther behind on these goals. Respondents were more likely to say their country had progressed if their country had joined LNCT earlier, they were farther along in the transition process, or they were in the European region. **Ninety-two percent of respondents felt that LNCT had contributed at least “some” to their country’s successful Gavi transition (n=53) and 57% felt it had contributed “a lot.”** Respondents were more likely to state that LNCT had contributed at least “some” if their country was earlier in the transition process, they were in the African region, or they worked for the government. We may assume that government officials have greater visibility into the impact of LNCT on national immunization programs than do partners. These results indicate that countries earlier in the transition process may have a greater need for learning from other countries, and therefore may have benefited the most from LNCT.

In open-ended responses, respondents listed a wide variety of ways in which they felt their country was better positioned for transition or maintaining a successful transition than it was three years ago. Common themes included improved or more sustainable domestic financing for immunization, improved coverage and ability to reach the unreached, human resource strengthening, improved leadership and accountability, the development of a more favorable policy environment for immunization, strengthened infrastructure, more effective or efficient processes particularly around vaccine procurement, and greater collaboration with external stakeholders. Respondents were then asked to rate the degree to which their country’s engagement in LNCT had contributed to these outcomes. **Of the 55 ways in which respondents stated their country was better positioned for transition, they felt that LNCT had contributed at least “a little” to 49 (89%) and “a lot” to 19 of them (35%).** Respondents were most likely to say LNCT had contributed “a lot” to stakeholder coordination (67% of the 3 outcomes mentioned in this category) and leadership and accountability (50% of the 12 outcomes mentioned), and least likely to say LNCT had contributed “a lot” to infrastructure and technology (0% of the 5 outcomes mentioned; infrastructure and technology have never been an area of focus for LNCT activities). These findings may indicate that LNCT plays a key role in facilitating coordination and communication on transition at a high level in countries through workshop delegations and Country Core Group convenings.

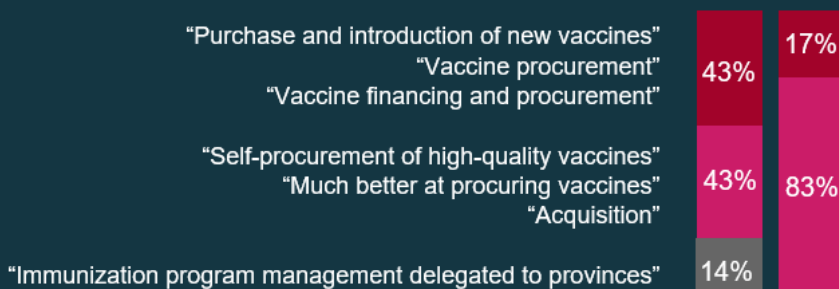
In these open-ended responses, the most common way in which respondents felt LNCT had supported their progress toward successful transition was by providing them opportunities to **learn from the experiences of their peers** (cited in relation to 16 transition successes). Other themes included LNCT’s provision of **training and capacity development** (11 transition successes), **convening of diverse and relevant policymakers** (9), provision of **technical resources** (8), ability to **motivate** change (4), and provision of **models** for new strategies (3). These findings indicate that LNCT’s limited exploration of direct training and capacity development modalities (including its online hesitancy modules and health statistics trainings in Angola) are valued by participants in addition to the network’s primary focus of facilitating exchange between countries and between governments and partners. These findings also reinforce LNCT’s role as a key coordinating and convening mechanism for diverse transition stakeholders within countries.

In what ways has your country progressed toward sustainable Gavi transition?

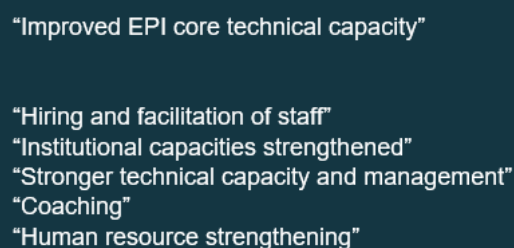
Sustainable financing for immunization (15)



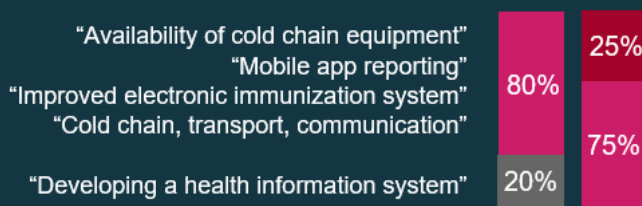
Improved processes (7)



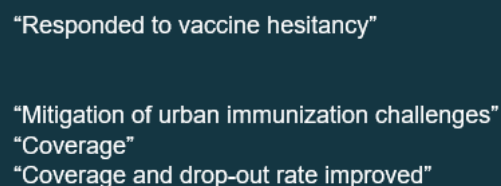
Human resources (6)



Infrastructure and technology (5)



Reaching the unreached (4)



In what ways has your country progressed toward sustainable Gavi transition? (continued)

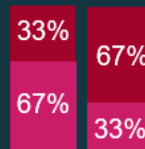


Policy environment (3)

"All PHC activities are harmonized with immunization"

"Improving capacity and initiative of EPI integration"

"Policy and legislative changes for life-course immunization"



Stakeholder collaboration (3)

"Improved collaboration with private partners"

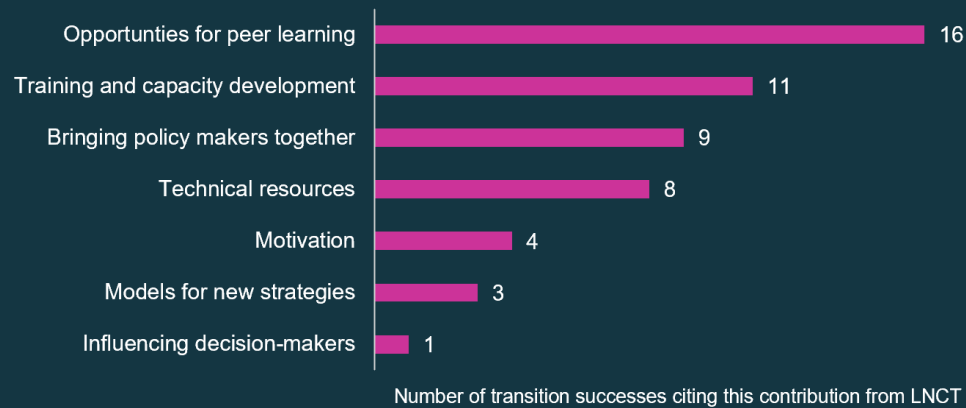
"Multisectoral approach to immunization"

"Integration of public health centers into immunization"

*Responses lightly edited for length and clarity.

How did LNCT contribute to this transition success?

When asked how LNCT had contributed to the transition successes that respondents identified in their countries, key themes that emerged included peer learning, training and capacity building, and the convening of key and diverse policy makers.



Opportunities for peer learning:

“Hearing from countries that have gone through the [Gavi transition] process is invaluable”

“It is very important to share the experience of other countries, which contributes to more systematic decision-making”

Motivation:

“We went on a journey that allowed us to change with other countries in transition or having succeeded. We shared the experiences of other countries. It reassured us that we are in the right transition process.”

Bringing policymakers together:

“The knowledge gained from the LNCT workshop on resource mobilization assisted in great measure in engaging the other critical ministries and agencies of government and also in negotiating the terms of the Accountability Framework.”

“Integration of different skills into problem solving”

“Wider network of professionals involved in procurement”

Models for new strategies:

“LNCT gives a model or simulation option on how the country can get ready for transition or case study for direction”

Training and capacity development:

“Information on vaccine procurement was beneficial to my work.”

Technical resources:

“Advise [country] on how to acquire WHO pre-qualified vaccines [and] support [country] in making important vaccine-related decisions”

Influencing decision-makers:

“The Task Team is chaired by a member of the CCG, which enables CCG members to translate lessons learnt from LNCT engagements into reality.”

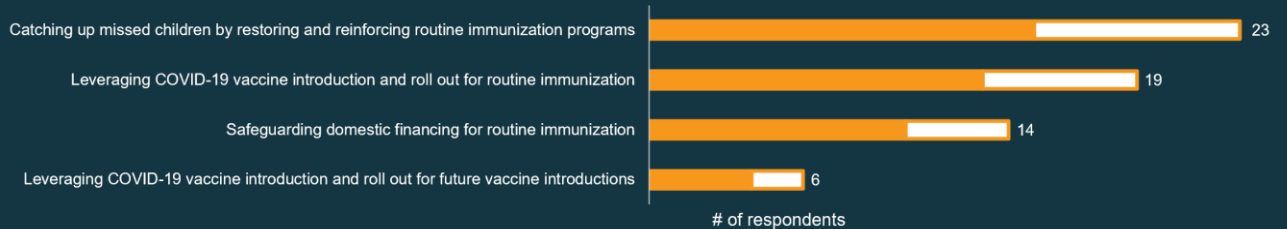
Priorities for 2022

Government and non-government respondents were well-aligned on their priority learning topics for the next year. When asked to select their top two learning priorities related to COVID-19, respondents most commonly chose **catching up missed children by restoring and reinforcing routine immunization programs** (58%) and **leveraging COVID-19 vaccine introduction and roll-out for routine immunization** (48%, n=40).

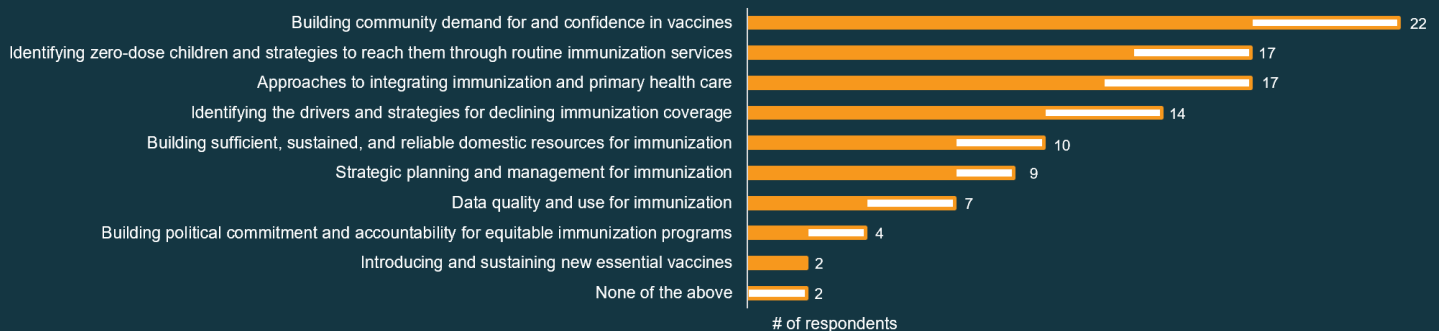
When asked to select their top three learning priorities related to the outcomes of Gavi’s Middle Income Country strategy, respondents most commonly chose **building community demand and confidence in vaccines** (56%), **identifying zero-dose children and strategies to reach them** (44%) and approaches to **integrating immunization with primary health care** (44%, n=39).

When asked to select their top three choices for types of engagement while the pandemic is ongoing, respondents most often chose **online capacity development modalities or learning modules** such as LNCT’s online statistics trainings in Angola and its online hesitancy course (59%), **virtual workshops** (49%), and **innovative approaches to group problem-solving and learning**, such as collaborative problem-solving sessions or learning circles (43%, n=37). They were least interested in remote discussion modalities, such as the online discussion forum or WhatsApp (16%). These findings are not surprising as LNCT has not seen much activity on the discussion forum despite its efforts to engage additional engagement through bi-weekly postings and directing users of other LNCT resources to the discussion forum.

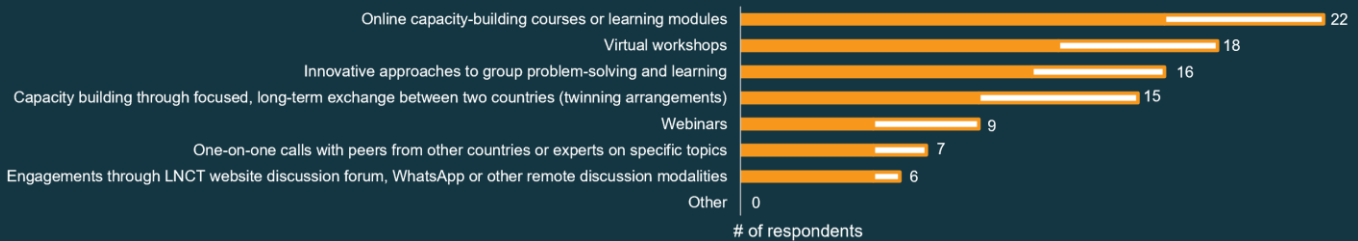
Of COVID-related topics, respondents were most interested in learning about catching up missed children, followed by leveraging COVID vaccine introduction for routine immunization (n=40).



Of Gavi's MIC Strategy's outcomes, respondents were most interested in learning about building demand, followed by identifying and reaching zero-dose children (n=39).



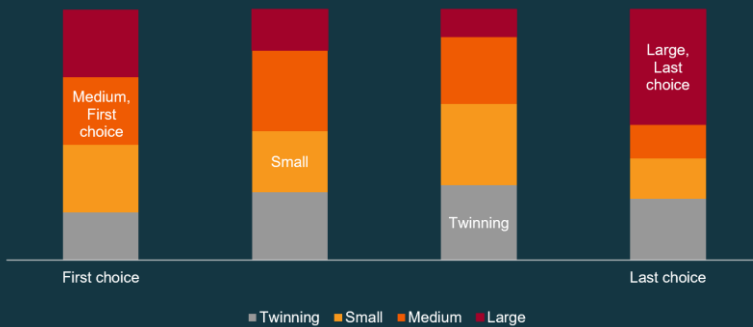
During the pandemic, respondents would prefer to participate in online capacity building courses, followed by virtual workshops and innovative approaches to group problem solving (n=37).



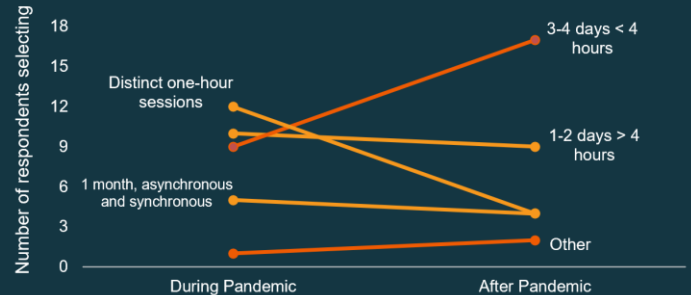
After the pandemic, respondents hope to return to in-person activities such as in-person workshops and study trips (n=37).



Respondents were divided on what size of engagement was preferable, but slightly favored smaller engagements over large ones (n=37).



Respondents hope to return to longer, more concentrated activities after the pandemic (n=37).



Following the pandemic, respondents appeared interested in returning to in-person and in-depth learning engagements, with in-person workshops scoring the highest (59%), followed by study trips (43%, n=37). Government officials also expressed a strong interest in online capacity-building modalities or learning modules (40% of government officials) and twinning arrangements (40% of government officials, n=25), while partners and others were less interested in these modalities. **Virtual workshops dropped to the least-preferred modality after the pandemic (8% of all respondents, n=37).** These findings align with a 2020 strategic review of the network and comments that virtual workshop participants have made on LNCT’s workshop evaluations that, although the virtual workshops are useful, they see a strong value

add for in-person activities. Although LNCT has made an effort to replicate in a virtual setting the opportunities and space for peer engagement afforded by in-person workshops, LNCT is aware that it cannot replicate the in-person experience virtually.

When asked to rank their preferred size of learning engagement from 1 (first choice) to 4 (last choice), **respondents were divided, but slightly favored medium engagements of 3-6 countries from across the network** (average ranking 2.3), followed by small engagements for countries in their region (2.4), and twinning arrangements between two countries (2.6). **Large engagements that bring together countries from many regions were ranked last** on average (2.8, n=37). However, it should be noted that these differences in rankings were slight and all sizes of engagement were preferred by a significant portion of respondents.

When asked to select their preference for length of engagements on in-depth topics, respondents expressed a preference for shorter, concentrated engagements during the pandemic with a return to longer or more spread-out schedules after the pandemic.

During the pandemic, most respondents preferred distinct one-hour sessions on specific topics (32%) or sessions condensed to 1-2 days, even if that meant spending more time in session each day (27%, n=37). After the pandemic, the preference for one-hour sessions declined and respondents said they instead preferred more spread out, 3-4 day engagements of less than four hours per day (47%, n=36). One of the respondents who selected “other” requested a full-time in-person course following the pandemic.

Takeaways and recommendations

Overall, the findings of this survey indicate that LNCT is a highly valued resource to countries undergoing Gavi transition, particularly for government actors. LNCT’s reach extends well beyond Country Core Group members and those directly involved in LNCT activities as participants share their learnings with others and take action through their positions of authority and the task forces and working groups of which they are members. LNCT also plays a critical role in countries in bringing diverse stakeholders together and providing a platform from which to address immunization challenges.

Based on the findings of this survey, the LNCT Network Coordinators make the following recommendations for the next phase of the network:

- **The network should invest time in better understanding and meeting in-country partner needs and should view them as a target audience.** Government officials routinely rated LNCT as more useful to them than did development partners and could more easily explain LNCT’s role in their country’s transition process and the application of LNCT learnings to their work. As key facilitators of LNCT activities and support for the implementation of LNCT learnings in countries, the network would benefit from better engaging these individuals and supporting their needs in addition to government officials’. Partners may value different types of resources than government officials do, rating webinars as highly useful while their government peers prefer in-depth workshops, for example. Consultations with a range of country, regional, and global partners may be helpful to better understand their needs and how the network can be more responsive in its next phase.
 - **The network should return, at least in part, to in-person learning activities when the pandemic ends.** Although respondents, particularly government officials, have
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found LNCT's virtual activities (particularly its e-learning modules) useful during the pandemic, they do not see them as being as useful as in-person activities and see a strong value-add for returning to in-person engagement as soon as possible.

- **Though small, regional workshops may be cost-effective, the network should still find opportunities for countries to learn from a wide variety of other countries, including those outside of their region.** Respondents' preference for large versus small engagements varied widely, and the network should aim to strike a balance between providing access to learnings from a wide variety of countries and opportunities for small, focused discussion on topics relevant to specific subsets of countries.
 - **The network should continue to prioritize providing time for countries to engage in cross-country discussion during network activities.** Respondents find this type of engagement to be the most valuable part of LNCT activities, which is reflective of what participants have reported in other LNCT surveys. The network should also continue to balance this request with time for expert input, the second most valuable aspect according to respondents.
 - **The network should further incorporate innovative problem-solving and other action-oriented learning approaches such as collaborative problem-solving sessions and learning circles.** There appears to be some appetite for these activities among government officials and partners alike.
 - **Ensuring that the "right" decision-makers are engaged with the network is critical to ensuring the uptake of network learnings in countries.** In countries where Country Core Group members were engaged in national task forces and held decision-making authority, respondents reported that LNCT played an influential role in policy and programming decisions. Respondents who could not identify paths in their country governments to make their voices heard had more difficulty identifying how to apply LNCT learnings. The network should consider reaching out to stakeholders who are less engaged with their Country Core Groups but are key actors in the immunization programs in their countries, including partners, to better understand their needs.
 - **There may be a missed opportunity for the network to support linkages between partners, subnational officials, and national government officials in countries.** Many respondents expressed that one way in which LNCT had supported their country's transition was by bringing key stakeholders together. However, few subnational officials are engaged in LNCT, and partners tended to report that they felt LNCT had less of an impact on their work. There may be a role for the network to play in more systematically engaging partners and subnational actors to open this critical line of communication and cascade learning opportunities.
 - **The network should invest in exploring and further documenting its qualitative impact on country immunization systems to better understand how it drives country change.** The qualitative information highlighted in this survey suggests potentially rich information about LNCT's success in supporting countries' progress toward sustainable Gavi transition that merits further and more in-depth exploration. Regular outcome harvesting, begun through the open-ended questions on this survey, may yield highly useful information to the network.
 - **Priority learning activities in the next phase of the network should include catching up missed children by restoring and reinforcing routine immunization, leveraging COVID-19 vaccine introduction for routine immunization, building community demand for and confidence in vaccines, identifying zero-dose children**
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and strategies to reach them, and approaches to integrating immunization with primary health care. These topics were identified as the highest priorities by government and partner respondents alike. The network may also consider continuing to provide support in some of the areas in which it has provided members with useful support in the past, including domestic resource mobilization and vaccine procurement.

Annex 1: LNCT engagements by technical topic, 2018-2021

Topic	2018	2019	2020	2021
Vaccine procurement	Webinars: 3	Workshops: 2 Blogs: 3		Blog: 3
Immunization in decentralized contexts				Virtual workshop: 1 Resource documents: 2
Private sector engagement		Webinar: 1	Virtual workshop: 1 Webinar: 1 Blog: 1	
Vaccine hesitancy and demand generation		Blog: 1	Online learning modules: 2 Webinars: 2 Resource document: 1	Online learning module: Webinar: 1 Video case studies: 2 Resource round-up: 1 Blogs: 2
Immunization in countries with national health insurance		Workshops: 1 Webinar: 1	Resource document: 1 Conference panel: 1	
COVID-19 response and vaccine introduction			Webinars: 4 Blogs: 4	Webinar: 1

Annex 2: Country learning priorities as identified by participants in LNCT's 2019 Networkwide Meeting (each country cast three votes)

Topic	Votes
Immunization in decentralized contexts	9
Private sector engagement	8
Immunization in countries with national health insurance	7
Vaccine hesitancy	7
Forecasting and budgeting	5
PHC integration	3
Vaccine procurement	2